

Name in Full

Certificate of Death

Margarett Adams  
 May Town  
 Daueyfown County Carroll MARYLAND

Died at Date 1903 Month 10 Day 29 Age 72 Y. M. D. Native of md. Occupation Housewife  
 Town White Married Widower Divorced Number of children living 2  
 Female Colored Single Widower

Husband of Stephen Adams W.  
 Wife Father's Name Mother's Name  
 Father's Name Maiden Name

Cause of Death Primary Inflammation of bowels How long sick 2 weeks  
 Immediate Extrication Accident, Suicide, Homicide

Reported by

F.H. Seiss. M.D.  
 Daueyfown, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



X13/ Eliza Ellie May Barnes

Died at Springfield State Hospital <sup>Town</sup> Elkmont <sup>County</sup> Carroll County MARYLAND

Date 1903	Month 10	Day 2	Y. 18	M. -	D.	Native of Md	Occupation None
<del>Male</del>	White	<del>Married</del>	<del>Widow</del>	<del>Divorced</del>			
Female ✓	<del>Colored</del>	Single ✓	<del>Widower</del>			Number of children living —	

Husband of —

Wife

Father's Name Richard S. Barnes Mother's Name Susan E. Barnes

Cause of death	Primary Primary Pthisis Pulmonalis	How long sick 3 months
Death	Immediate Immediate Exhaustion	Accident, Suicide, Homicide

Reported by John Norfolk Morris M.D.

Address Springfield Hospital Elkmont Carroll Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



# Caroline V. Billmyer.

Town

County

Died at Near Uniontown

MARYLAND

Month

Day

Y.

M.

D.

80· 6 · 18

Native of

Maryland

Occupation

House wife

Date 1903.

Oct. 15.

Age

Mother

White

Married

Widow

Female

Colored

Single

Widower

Divorced

Number of children living

3.

Husband

of Jacob Billmyer.

Wife

Father's

Name

John Blacksten

Mother's

Mary Whitehill

Cause of

Primary

Peritonitis

How long sick

3 Weeks.

Death

Immediate

Accident, Suicide, Homicide

Reported by Luther Reinf

Address

Uniontown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Absalom Byles

Town

County

MARYLAND

Died at

Greenmount

@ Carroll

Month Day

Y. M. D.

Native of

Occupation

Date 1993 Oct 26.

Age

68, 6, 15 +

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband of

Elizabeth Butler

Wife

Mother's

Father's

Maiden Name

Name

Cause of

Primary

Papalicias

How long sick

4 years

Death

Immediate

General Debility

Accident, Suicide, Homicide

Reported by

J. O. Preston

Address

Manchester

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Harry Coppersmith

CERTIFICATE OF DEATH

112  
To BE ANSWERED BY  
NEAREST FRIEND

Died at Near <b>Smallwood</b>		County <b>Carroll</b>		MARYLAND	
Date of death <b>1903</b>	Month <b>OCT</b>	Day <b>23</b>	Years <b>—</b>	Months <b>—</b>	Days <b>Still Born</b>
Sex <b>male</b>	Color or Race <b>white</b>	Birth-place <b>Heed</b>			
Occupation <b>—</b>	Where Residing If not at place of death <b>S.</b>				
Married, Single or Widowed <b>single</b>	Name of Wife or Husband <b>—</b>		Father's Birthplace <b>Smallwood</b>		
Father's Name <b>Ezra Coppersmith</b>	Mother's Maiden Name <b>Barbra Williams</b>		Mother's Birthplace <b>To</b>		
Name of person giving information <b>Ezra Coppersmith</b>	How related to deceased <b>Father</b>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long **—**

Immediate **Instruments**

How long **—**

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

**Yes**

**John S. Mathias**  
**Westminister**  
**Md.**

Accident or Suicide?

Small Wood Cemetery.

Flower

Name  
in  
Full

Moody B Cox

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

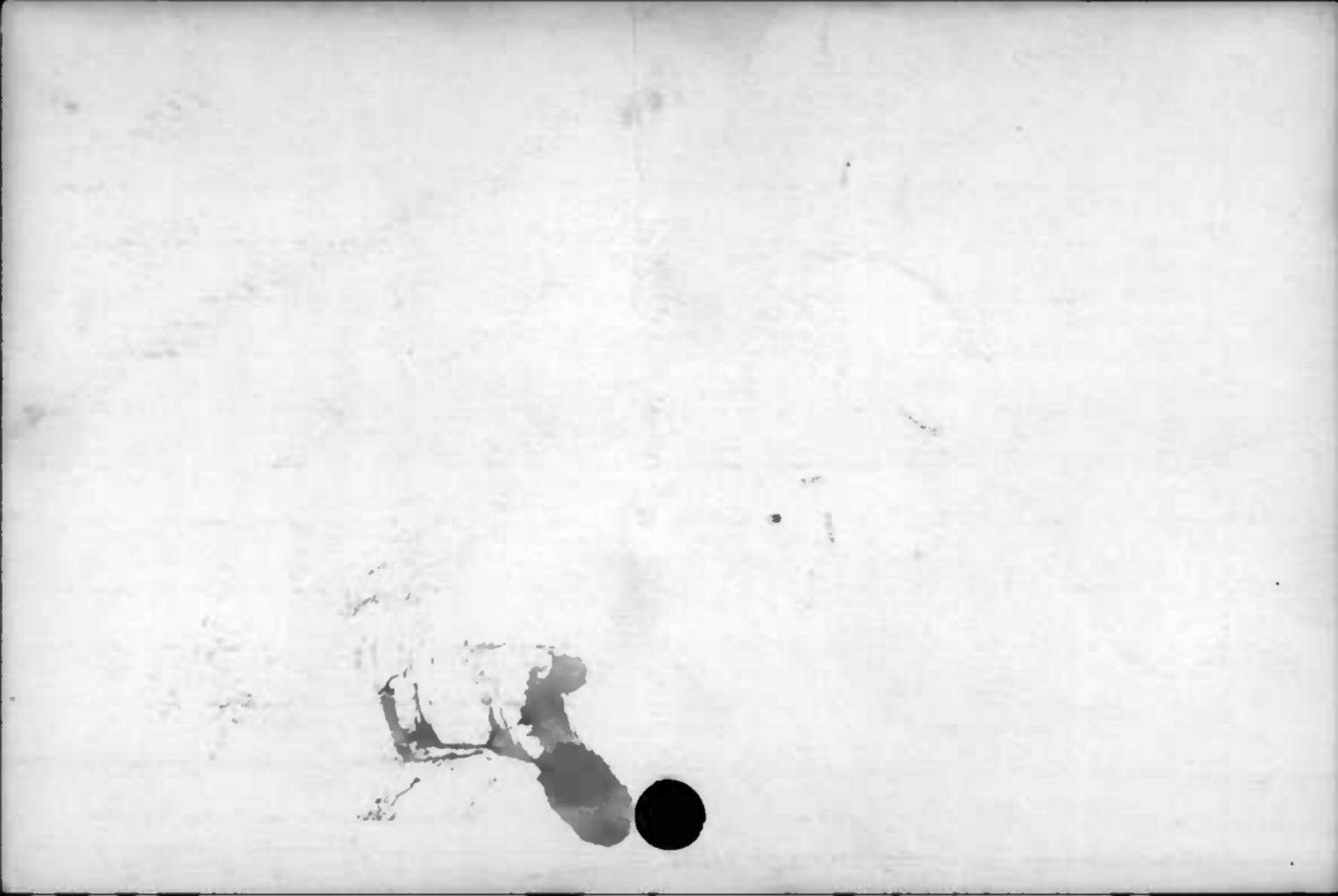
Died at		Town	County	
Date of death	1903	Month 10	Day 16	Years 34
Sex	male	Color or Race	white	Birth-place N. Carolina
<u>Married, Single or Widowed</u>		Occupation		
<u>Name of Wife or Husband</u>				
Father's Name	abraham Cox		93	Father's Birthplace n.c.
Mother's Maiden Name	Martha L. Cox			Mother's Birthplace n.c.
Name of person giving information	Hospital records			How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia (Lobar)	How long
Immediate	Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
To best of my knowledge		Address
Accident or Suicide?	No	

Chas J. Carey M.D.  
Sykesville Md.



Name  
in  
Full

Lorenzo D. Cushing

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Waufieldsbury</u>		County <u>Carroll</u>		MARYLAND		
Date of death <u>1903</u>	Month <u>Oct</u>	Day <u>30</u>	Years <u>73-</u>	Months <u>8</u>	Days <u></u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Carroll Co</u>				
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>Home</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Emily J. Cushing</u>					
Father's Name <u>Joseph Cushing</u>	Father's Birthplace <u>-</u>					
Mother's Maiden Name <u>Susan Franklin</u>	Mother's Birthplace <u>-</u>					
Name of person giving Information <u>Emily J. Cushing</u>	How related to deceased <u>Wife</u>					

CAUSES OF DEATH

Primary <u>Voluntary Loss of Health</u>	How long <u>3 years</u>
Immediate <u>Heart Failure</u>	How long <u>Immediately</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>B.G. Franklin M.D.</u>
	Address <u>Westminster</u>
Accident or Suicide? <u>No</u>	

<sup>at-</sup> Stone Chapel cemetery.

Stones

Name in Full

Certificate of Death

Elizabeth Devilbiss

Town

County

Died at New Windsor Carroll Co

MARYLAND

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

30

Oct

30

Age 44

 Male

White

Married

 Widow

Divorced

 Female

Colored

Single

 Widower

Number of children living

None

Husband of

Edward Devilbiss

W.

Wife

Peter Engle

Mother

Name

Lizzie Engle

Father's

Name

Cause of

Primary

Paralysis

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

H Bankard Undertaker

Address

New Windsor

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. Geo Brown  
of New Windsor

seen by Coroner  
of \_\_\_\_\_

Information contained in this certificate  
received from \_\_\_\_\_  
of \_\_\_\_\_

Name  
In  
Full

Martha Jane Flater

CERTIFICATE OF DEATH

414

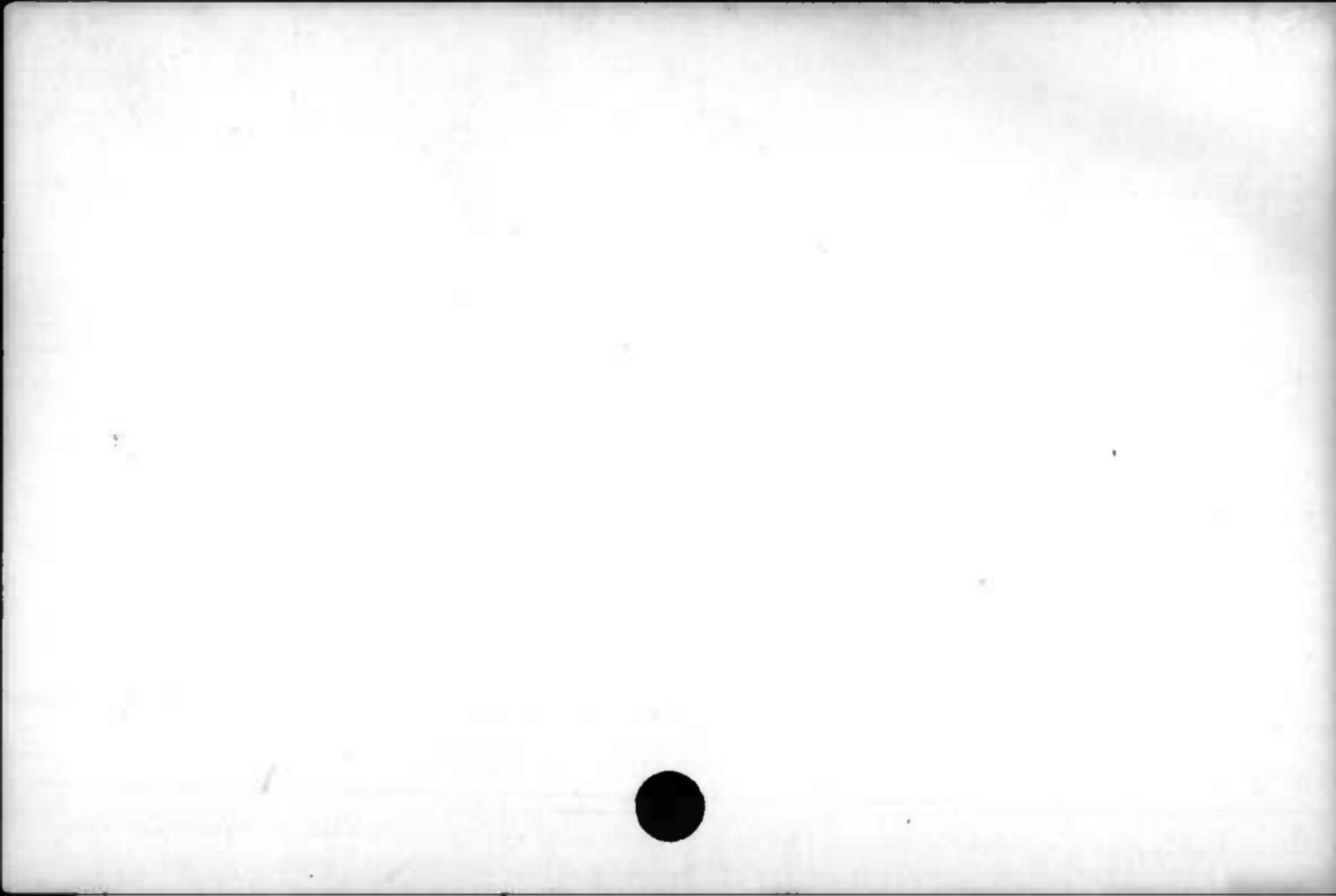
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Sandyville		own	County	Carroll		
Date of death	1903	Month	Oct	Day	Years	Age	MARYLAND
Sex	Female		Color or Race	white		Birth-place	— 3 — 13
Occupation							Where Residing if not at place of death
Married, Single or Widowed	Married		Name of Wife or Husband	William Flater			
Father's Name	Jacob Bloom			Father's Birthplace	Maryland		
Mother's Maiden Name	Mary Hitchew			Mother's Birthplace	Ab		
Name of person giving information	Wm Flater		70	How related to deceased	Husband		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Dilated Heart		How long	1 year
Immediate	Heart Failure		How long	One hour
Are the name, age, sex, color, date and place correctly given above?		Yr	Signature of Physician	Jas. T. Herring
			Address	Westmount N.Y.
Accident or Suicide?				



Name in Full

Certificate of Death

George Fritz

Hawks Hill County

Died at

MARYLAND

Date 1903 Month Day Y. M. D. Native of

30 Oct 30 Age 67

Occupation

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

79

Cause of

Primary

How long sick

Death

Immediate

Heart Trouble

Accident, Suicide, Homicide

Reported by

H Bankard Undertaker

Address

New Windsor Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ruth Gosnell

Town

County

Died near Eldersburg. Carroll

MARYLAND

Month

Day

Y.

M.

D.

Date 1903.

Oct. 23

Age

18 20

Native of

Md.

Occupation

nurse

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

—

Husband of —

Wife —

Father's Name

John Gosnell

Mother's Name

Alice Thompson

Cause of

Primary Improper feeding.

How long sick

6 weeks

Death

Immediate Malnutrition.

Accident, Suicide, Homicide

Reported by

M.D. Morris, M.D.  
Eldersburg, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Constance J. Horn

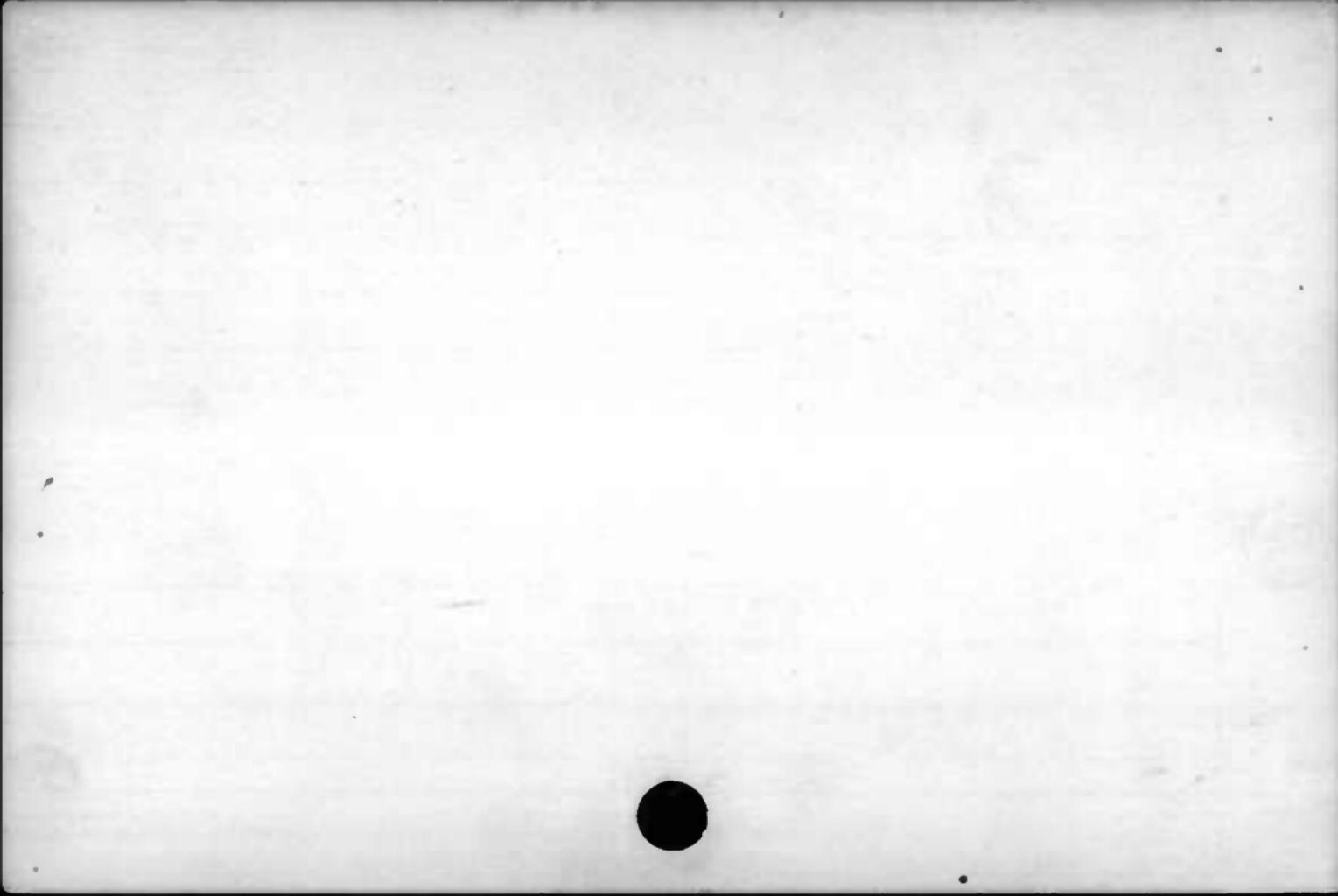
CERTIFICATE OF DEATH

MARYLAND

Died at <u>Sydersburg</u>		Town <u>Town</u> Carroll County				
Date of death <u>1903</u>	Month <u>Oct</u>	Day <u>12</u>	Years <u>1</u>	Age <u>1</u>	Months <u>10</u>	Days <u>26</u>
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Sydersburg</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>Housewife</u>			
Name of Wife or Husband						
Father's Name						
Mother's Maiden Name						
Name of person giving Information						

CAUSES OF DEATH

Primary	<u>Cholera Infantum</u>	How long	<u>2 weeks</u>
Immediate	<u>Marasmus</u>	How long	<u>2 1/2 mos</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>J. H. Sherman</u>
		Address	<u>Manchester - Md</u>
Accident or Suicide?			



Name In Full

Certificate of Death

Lillie B. Krebs

Town

County

MARYLAND

near Walkers Mill Carroll

Died at

Month Day

Y. M. D.

Native of

Occupation

Date 1903

10 22

Age 34-2-23

Md. Seamstress

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's  
Name

John L. Krebs

Mother

Maiden Name

Cause of

Primary

Consumption

How long sick

one year

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Dr. Seiss, M.D.

Address

Paneytown, Md.

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

James Warren Luthrum

CERTIFICATE OF DEATH

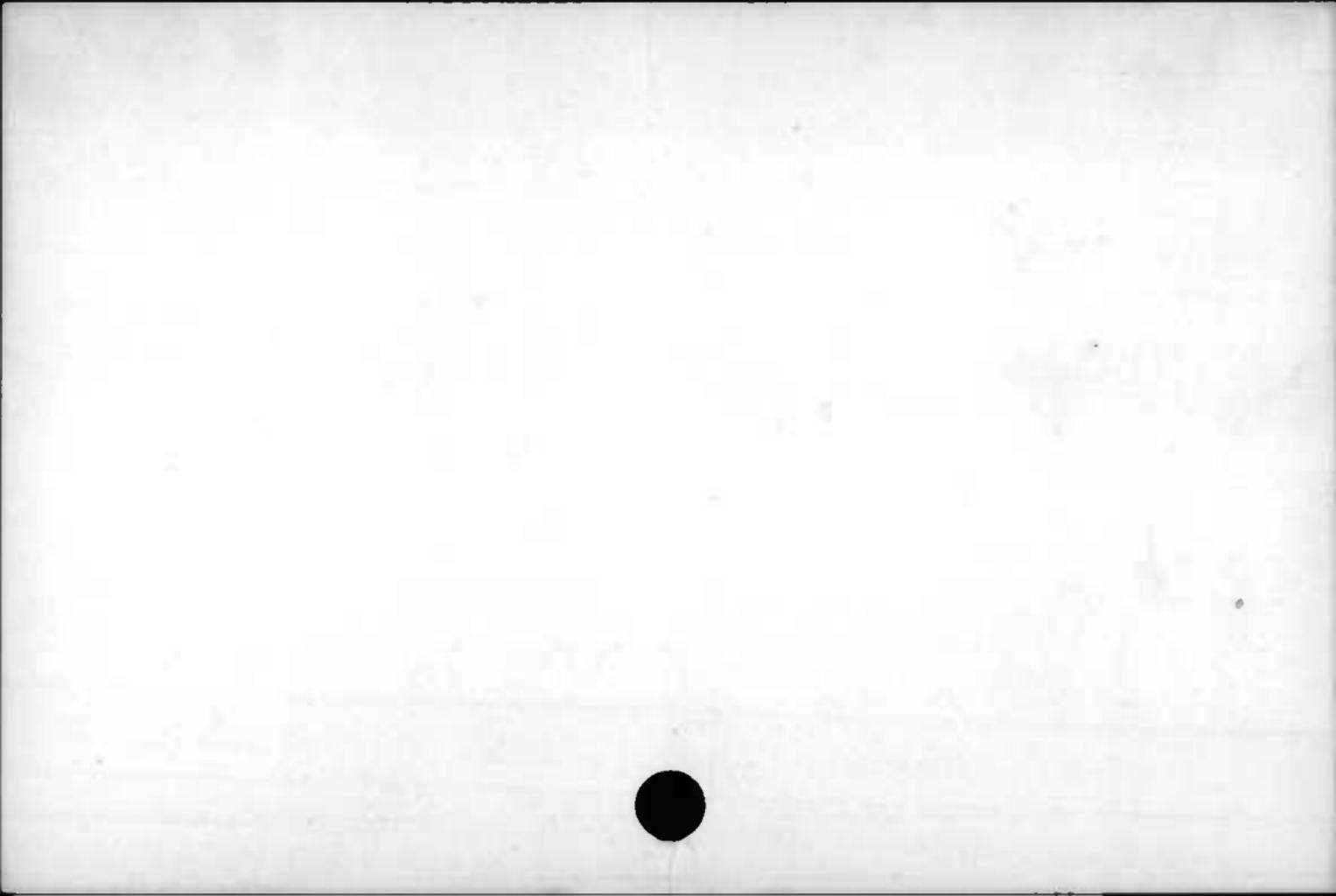
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town <u>Carroll County</u>	County				
Date of death 1903	Month <u>Oct</u>	Day <u>26</u>	Age <u>33</u>	Years	Months	Days
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth- place	<u>Frederick Co</u>	
Married, Single or Widowed	<u>Married</u>	Occupation	<u>Engineer</u>			
Name of Wife or Husband						
Father's Name	<u>Wm. Plummer Luthrum</u>		<u>6</u>	Father's Birthplace	<u>Frederick Co.</u>	
Mother's Maiden Name	<u>Sally E. Luthrum</u>			Mother's Birthplace	<u>Frederick Co.</u>	
Name of person giving Information	<u>Gabrett W. Luthrum</u>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Accident</u>	How long
Immediate	<u>Scalded</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	<u>Harry F. Lawley.</u>
	Address	<u>Coroner</u>
Accident or Suicide?	<u>Accident</u> <u>was scalded - not</u>	



Name  
in  
Full

Mary E. McCollister

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	Sykesville	Carroll				
Date of death	Month	Day	Years	Months	Days	
of death 1903	10	24	66	-	-	
Sex	Female	Color or Race	White	Birth-place	Md.	
Married, Single or Widowed	Single	Occupation		None		
Name of Wife or Husband	-					
Father's Name	Charles Mc Collister	154		Father's Birthplace S		
Mother's Maiden Name	Catherine Dodwin			Mother's Birthplace S		
Name of person giving information	Charles Mc Collister			How related to deceased Brother		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Senile Dementia

How long over 5 years

Immediate Exhaustion

How long -

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

John Norfolk Morris,  
Springfield State Hospital,  
Sykesville, Carroll, Md.

Accident or Suicide? No



Name  
in  
Full

115 James Monroe Ovings

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Oct	Day 7	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Married, Single or Widowed	Occupation	Warfieldsbury			
Name of Wife or Husband	Single			None	
Father's Name	George M. Ovings			Father's Birthplace	Warfieldsbury
Mother's Maiden Name	Maryly Cople			Mother's Birthplace	Shupper Rd
Name of person giving Information	Geo. M. Ovings			How related to deceased	Tarter

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Hysteria		How long	about 2 days
Immediate	Hysteria		How long	Frederick
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Jas. M. Stover	
		Address	Westminster Md	
Accident or Suicide?				

Dear Park Cemetery.

Name  
in  
Full

Chas J Reiffenider

CERTIFICATE OF DEATH

418

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death 1903	Month Oct.	Day 11	Age 63	Years	Months	Days
Sex Male	Color or Race White	Birth-place Westminster Md.				
Married, Single or Widowed Married		Occupation Atty at Law				
Name of Wife - <u>Husband</u> Elizabeth Imelle						
Father's Name Jessie Rijfendeng		Father's Birthplace Maryland				
Mother's Maiden Name Afralia Zachariah		Mother's Birthplace Md.				
Name of person giving information John J. Reiffenider		How related to deceased Nephew				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Acute Indigestion & Heart Disease

How long

4 weeks

Immediate

begin Pectores

How long

4 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

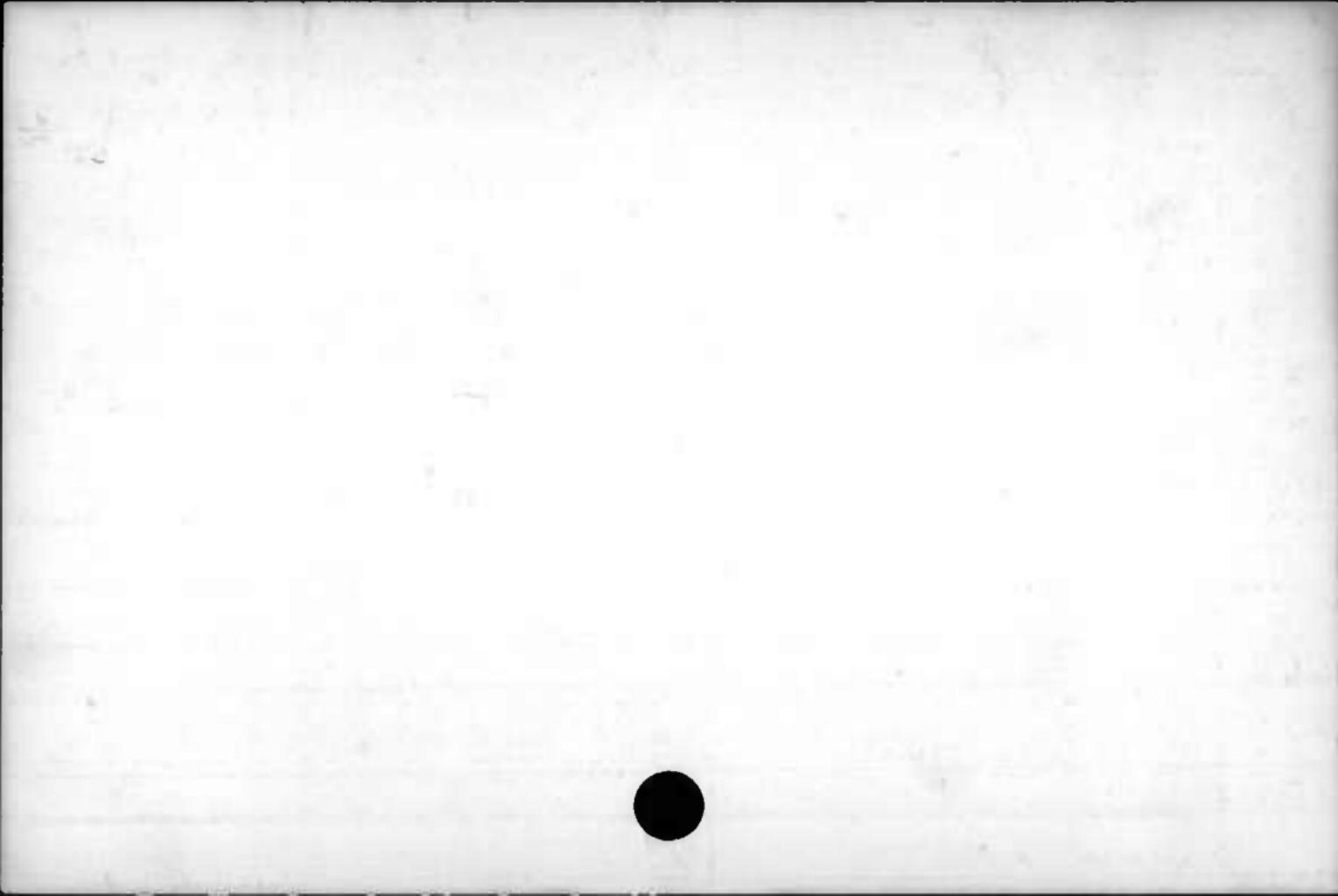
Signature of Physician

Address

Jas. H. Billingslea  
Westminster Md.

Accident or Suicide?

No



Name  
in  
Full

Joseph Sailer  
Alesia

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age 76	Birth- place	not known
Married, Single or Widowed	Occupation		White Washer		
Name of Wife or Husband	single				
Father's Name	79		Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information	Jacob H. Blocker		How related to deceased	none	

CAUSES OF DEATH

Primary	How long
Heart Trouble	6 hours
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
To the best of my knowledge	Address
Accident or Suicide?	



Name  
in  
Full

Williams Henry Sayers

CERTIFICATE OF DEATH

417

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month Oct	Day 12	Age 21	Years	Months 2	Days 23	
Sex Male	Color or Race white	Occupation Laborer		Birth-place District of Columbia			
Married, Single or Widowed	Married						
Name of Wife or Husband	Sarah E Hamilton						
Father's Name	James Sayers			Father's Birthplace England			
Mother's Maiden Name	Ellen McDonald	66		Mother's Birthplace Scotland			
Name of person giving information	Ivins Sayers			How related to deceased Son			
CAUSES OF DEATH							
Primary	Paralysis			How long 4 weeks			
Immediate	Same			How long same			

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician

Address

S. N. Gorsuch MD  
Gorsuch  
Md



Name  
in  
Full

Jacob J. Study

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month October	Day 9th	Age 66	Years	Months	Days	
Sex Male	Color or Race White	Birth-place Silver Spring Md					
Married, Single or Widowed		Occupation Farmer					
Name of Wife or Husband		Rebecca Study					
Father's Name		John Study					
Mother's Maiden Name		Isa Halem					
Name of person giving information		80					
		Father's Birthplace Md					
		Mother's Birthplace Md					
		How related to deceased					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Angina Pectoris

How long

One Day

Immediate

Heart Failure

How long

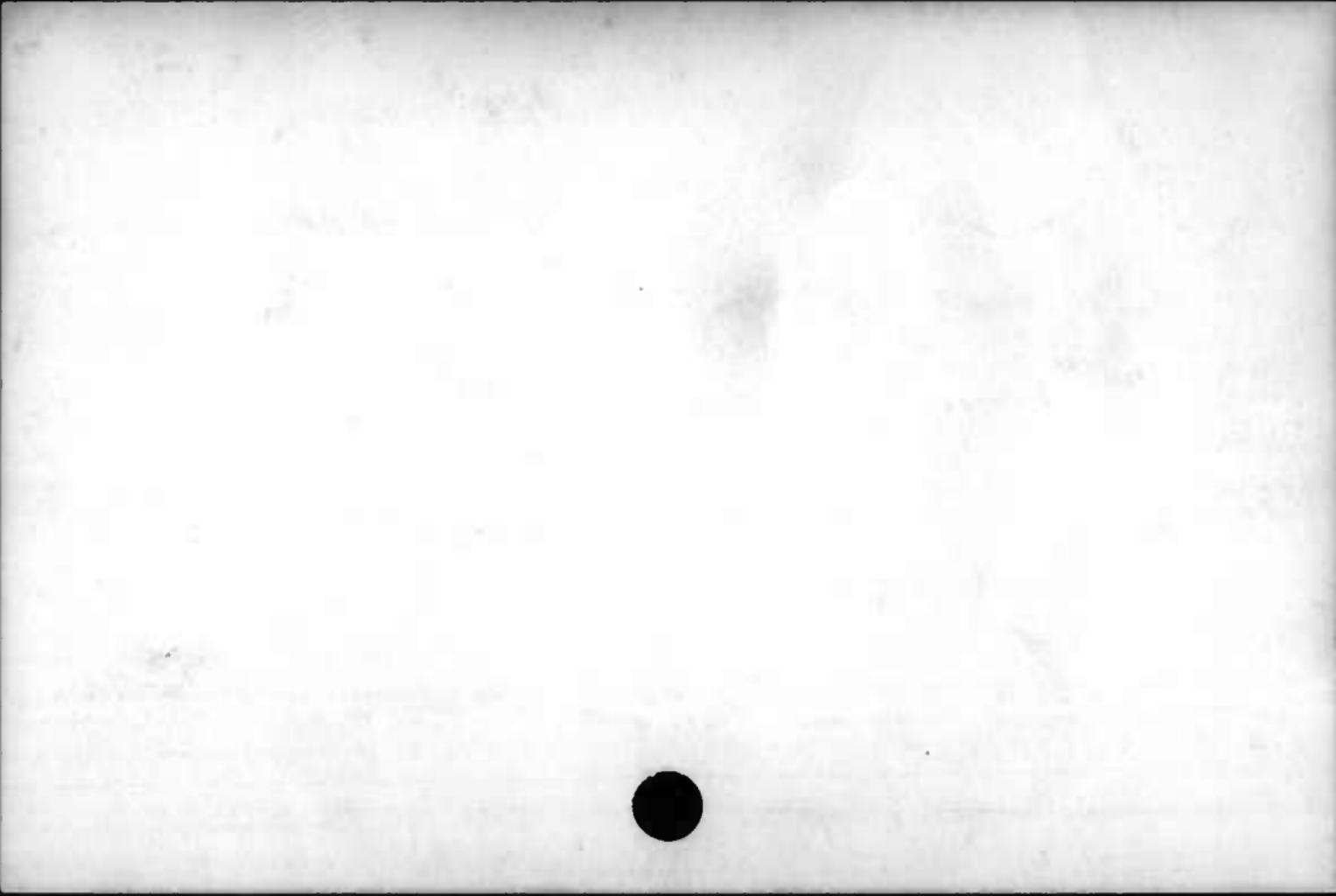
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. J. Stewart  
Union Mills Md

Accident or Suicide?



Grover Adlai Attemahler

Died at Town

Pleasant Valley County Carroll

MARYLAND

Died at

Month Day

Y. M. D.

Native of

Occupation

Date 19

03

Oct Saturday

1913

md

Male

Female

White

Colored

Age

Married

Single

Widow

Widower

Divorced

Number of children living

Husband of

Wife

Father's

Name

Mr. Attemahler

Mother Maiden Name

Margie Haller

How long sick

Cause of

Primary

Death

Immediate

Postmortem

Accident, Suicide, Homicide

Reported by

Dr. L. N. Brown

Address

Pleasant Valley Carroll Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Anna Hubbard Waits

CERTIFICATE OF DEATH

IT IS  
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Westminster</u>		County <u>Pearl</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>Oct.</u>	Day <u>9</u>	Years <u>40</u>	Months <u>5</u>	Days <u>17</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Grunsboro, Ind.</u>			
Occupation <u>House</u>		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband <u>Mariel Patchard Waits</u>				
Father's Name	<u>Thomas R. Hubbard</u>		Father's Birthplace	<u>Carolin Co., Md</u>	
Mother's Maiden Name	<u>Josephine M. M. Watson</u>		Mother's Birthplace	<u>Bridgewater, Md.</u>	
Name of person giving Information	<u>Portland Waits</u>		How related to deceased	<u>Widow</u>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Cold</u>	How long <u>One week</u>
	Immediate <u>Fluor Procerina</u>	How long <u>One week</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Jas. H. Phillips</u>
		Address <u>Westminster, Md.</u>
Accident or Suicide? <u>No</u>		

Chestertown

Kent Co

Name in Full

Certificate of Death

Molly Yankel

Town

County

Died at

Sykesville

MARYLAND

Month

Day

Y.

M.

D.

Native of

Carroll

Date 189

189

18

Age 15

Male

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Henry Yankel Johnson Ehoff

Mother's

Name

Cause of

Primary

Typhoid fever

How long sick

Death

Immediate

Cardiac failure

About 2 wks

Reported by

Accident, Suicide, Homicide

Address

M. H. Hoffmeyer  
Sykesville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

4<sup>20</sup>  
Cenesia Yelanicck  
near Westminster

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town Died at	County	MARYLAND				
Date of death 1903	Month Oct	Day 16	Age 85	Years	Months	Days
Sex Female	Color or Race White	Occupation	Birth- place Germany			
Married, Single or Widowed Widow						
Name of Husband	Francis Yelanicck					
Father's Name	Leont Knos	54	Father's Birthplace			
Mother's Maiden Name	Leont Knos		Mother's Birthplace			
Name of person giving Information	Francis Yelanicck		How related to deceased Son			
CAUSES OF DEATH						
Primary Old age		How long				
Immediate ..		How long				

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Jas. J. Henry Jr.  
Weston, Md.

Accident or Suicide?



Name  
in  
Full

Nora Birtton Gingling

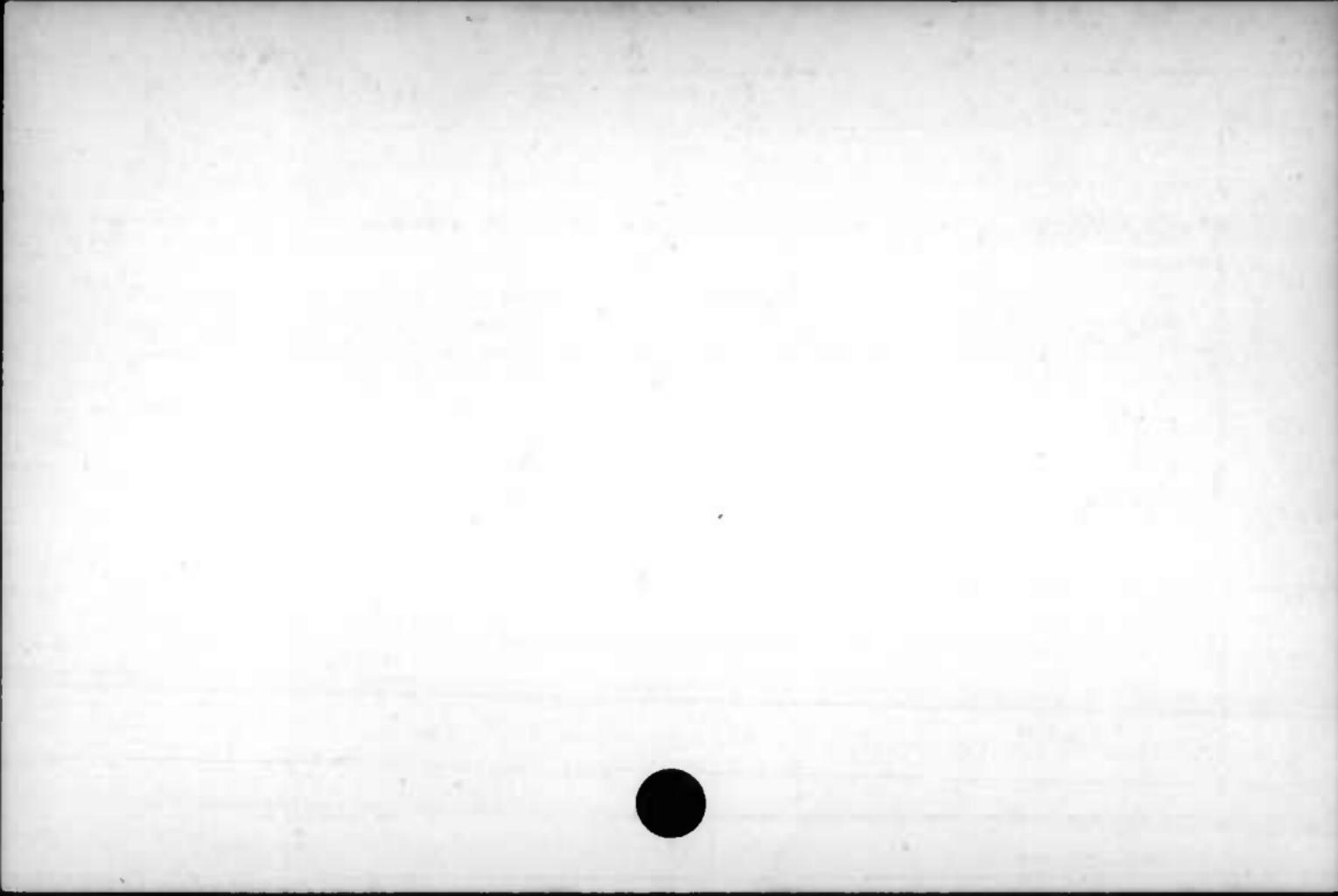
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month Oct	Day 14	Years 28 Months 4 Days 21
Sex Female	Color or Race White	Occupation	Birth-place Maryland
Married, Single or Widowed Married			
Name of Wives Husband Harry M. Gingling	Father's Name Noah Birtton	Father's Birthplace Delaware	
Mother's Maiden Name Laura Hall	Mother's Birthplace Maryland	How related to deceased Husband	
Name of person giving information Harry M. Gingling	CAUSES OF DEATH		

PHYSICIAN  
OR CORONER

Primary	Tuberculosis.	How long	One year
Immediate	Tubercular Pneumonia	How long	9 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Wm. D. Wells M.D.	
	Address	Westminster	
Accident or Suicide?			



Name  
in  
Full

Rebecca Gingling

CERTIFICATE OF DEATH

42<sup>2</sup>  
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1903	Month Oct	Day 26 <sup>th</sup>	Years 51	Months 11	Days 4
Sex	Female	Color or Race	White		Birth-place	Maryland
Occupation	House wife		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Husband	Noah Gingling			
Father's Name	Leviard Myers		Father's Birthplace	Maryland		
Mother's Maiden Name	Sara Kiser		Mother's Birthplace			
Name of person giving Information	George Gingling		How related to deceased	Son		

CAUSES OF DEATH

Primary	Cerebral Hemorrhage		How long	6 days
Immediate	4		How long	6 "
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	P. C. Woodward M.D.	
		Address	Wilmington Del.	
Accident or Suicide?				

Washington Beach

Shore